

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1			
2	1		1			
3	1		1			
4	1		1			
5	4		1			
6	4		1			
7	4		1			
8	①		1			
9	①		1			
10	①		1			
11	①		1			
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49						
50						
TOTAL IND.	8		3			
TOTAL DEP.	36	←	31	←	←	
TOTAL CLAIMS	44		34			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					↓	